

**CALIFORNIA BOARD OF ACCOUNTANCY**

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 WEB ADDRESS: <http://www.dca.ca.gov/cba>


ENROLLMENT VERIFICATION for _____
 Exam Date (Month/Year)

I, the undersigned, verify that the following student is enrolled in:

_____, located in _____
 (Name of Institution) (City and State)

Student's Name: _____ SSN: _____

Enrollment status for _____: Full-time ☐ Less than Full-time ☐
 (Term)

Expected graduation date: _____

 (Signature)

 (Printed Name)

(School Seal)

 (Title) (Date)

EMPLOYMENT VERIFICATION for _____
 Exam Date (Month/Year)

I, the undersigned, verify that the following employee is permanently assigned to work in California, and is on a temporary work assignment in: _____
 (Proctoring State)

Employee's name: _____

Company name: _____

Address of permanent work site: _____

Address of temporary work site: _____

Dates of temporary assignment: _____ to _____

 (Authorized Signature)

 (Printed Name and Title)

(Business Card Must Be Stapled Here)

 (Phone Number)